



## Town of Los Altos Hills Parks and Recreation

### Mat Pilates Winter Session 2006

26379 Fremont Road, Los Altos Hills, CA 94022  
(650) 941-7222 ext. 241

[www.losaltoshills.ca.gov/recreation](http://www.losaltoshills.ca.gov/recreation)

This 8-week course taught by Instructor Kathy Klein is based on the teachings of Joseph H. Pilates. Mat pilates is practiced on the floor and strengthens and stretches the muscles of the upper and lower abdominals, obliques and the back. Bring a yoga mat and wear loose or stretchy, comfortable, layered clothing.

### **REGISTRATION**

Mail/Walk-in: 26379 Fremont Road, Los Altos Hills, CA 94022

**OPEN REGISTRATION:** Currently accepting applications

**AGES** - Adult      **FEES** - Resident: \$105.00      Non-resident: \$115.00

**LOCATION** –Town Hall Council Chambers, 26379 Fremont Rd LAH 94022

**SESSION** - Wednesdays, January 18<sup>th</sup> – March 8<sup>st</sup> (1:30 PM – 2:30 PM)

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Name \_\_\_\_\_  
Last First Email

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Local Emergency Name \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_

### **Release of Liability & Assumption of Risk Agreement**

In consideration of the acceptance of the application for entry into the classes or activities listed on the Registration Form, I hereby waive, release and discharge any and all claims for damages for death, personal injury, or property damage which I may have, or which may hereafter accrue to me as a result of my participation in said classes or activities. I am aware that these classes or activities subject me to physical risks and dangers, nevertheless, I voluntarily agree to assume any and all risks of injury or death, and to release, discharge, and hold harmless all of the entities or persons mentioned above who, through negligence or carelessness, might otherwise be liable to me, or my heirs, personal representatives, next of kin, spouse or assigns. It is understood and agreed that this waiver, release, and assumption of risk is to be binding on my heirs, personal representatives, next of kin, spouse and assigns. **REFUND POLICY**- Refunds will only be given up to 7 days before the commencement of program. Within 7 days, a refund will only be granted if vacated position is filled. No refunds will be given after program has started.

I have fully read this Agreement and fully understand its content.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please detach and remit payment to: Town of Los Altos Hills Parks and Recreation - 26379  
Fremont Road - Los Altos Hills, CA 94022

Mind-Body Fitness 2005